# Case 18-12891 Doc 1 Filed 05/02/18 Entered 05/02/18 10:16:58 Desc Main Document Page 1 of 49

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:                 | Identify Yourself   |  |   |
|----|-----------------------|---|--|---|
|    |                       |   | About Debtor 1:                                    | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You                   | r full name   |  |   |
|    | your<br>pictu<br>exar | e the name that is on<br>government-issued<br>ure identification (for<br>mple, your driver's            | Frank First name                                   | First name                                    |
|    | license or pas        | nse or passport).   | Middle name  | Middle name                                   |
|    | iden                  | g your picture<br>tification to your<br>sting with the trustee.   | Orlandino Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. |                       | other names you have<br>d in the last 8 years   |  |   |
|    |                       | ude your married or den names.  |  |   |
| 3. | you<br>num<br>Indi    | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number | xxx-xx-5542  |   |

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Case number (if known)

Debtor 1 Frank J Orlandino

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|--|---|--|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |  |
| 5. | Where you live   | 3133 Sarah Street   | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | Franklin Park, IL 60131  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|    |  | Cook  |  |  |  |  |
|    |  | County  | County   |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| ò. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |  |   |  |  |  |  |

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Case number (if known) Debtor 1 Frank J Orlandino

| Par | t 2: Tell the Court About   | Your B  | ankruptcy Ca                      | se                                       |  |  |  |  |
|-----|---|---|-----------------------------------|--|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                   |  |  |  |  |  |
|     | choosing to file under  | ☐ Chapter 7   |                                   |  |  |  |  |  |
|     |   | □с  | Chapter 11                        |  |  |  |  |  |
|     |   | □с  | hapter 12                         |  |  |  |  |  |
|     |   | ■ C   | Chapter 13                        |  |  |  |  |  |
| 8.  | How you will pay the fee  | •   | about how yo                      | u may pay. Typi<br>attorney is subn      | ically, if you are paying the fee yoι                                  | with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money lf, your attorney may pay with a credit card or check with |  |  |
|     |   |   |                                   |  |  | n, sign and attach the Application for Individuals to Pay  |  |  |
|     |   |   | ū                                 |  | s (Official Form 103A).  | only if you are filing for Chapter 7. By law, a judge may,   |  |  |
|     |   |   | but is not req<br>that applies to | uired to, waive y<br>o your family siz   | your fee, and may do so only if you e and you are unable to pay the fe | ir income is less than 150% of the official poverty line se in installments). If you choose this option, you must fill official Form 103B) and file it with your petition.       |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?                                | ■ No  |                                   |  |  |  |  |  |
|     |   |   | District                          |  | When   | Case number  |  |  |
|     |   |   | District                          |  | When   | Case number  |  |  |
|     |   |   | District                          |  | When   | Case number  |  |  |
| 10. | Are any bankruptcy<br>cases pending or being<br>filed by a spouse who is              | ■ No  |                                   |  |  |  |  |  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |   |                                   |  |  |  |  |  |
|     |   |   | Debtor                            |  |  | Relationship to you  |  |  |
|     |   |   | District                          |  | When   | Case number, if known  |  |  |
|     |   |   | Debtor                            |  |  | Relationship to you  |  |  |
|     |   |   | District                          |  | When   | Case number, if known  |  |  |
| 11. | Do you rent your  | ■ No  | o. Go to li                       | ine 12.                                  |  |  |  |  |
|     | residence?  | □ Y€  | es. Has yo                        | ur landlord obta                         | ined an eviction judgment against                                      | you?   |  |  |
|     |   |   |                                   | No. Go to line 1                         | 12.  |  |  |  |
|     |   |   |                                   | Yes. Fill out <i>Ini</i> this bankruptcy |  | udgment Against You (Form 101A) and file it as part of   |  |  |

Debtor 1 Frank J Orlandino

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Case number (if known)

| Par  | Report About Any Bu   | sinesses '   | You Owr                                | as a Sole Propriet                               | or  |  |  |  |
|------|---|--------------|--|--|---|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.        | Go to                                  | Part 4.  |   |  |  |  |
|      |   | ☐ Yes.       | Yes. Name and location of business     |  |   |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |              | Name                                   | e of business, if any                            |   |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |              | Numb                                   | per, Street, City, Sta                           | te & ZIP Code   |  |  |  |
|      | it to this petition.  |              | Chec                                   | k the appropriate bo                             | x to describe your business:  |  |  |  |
|      |   |              |  | Health Care Busir                                | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|      |   |              |  | Single Asset Real                                | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|      |   |              |  | Stockbroker (as d                                | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|      |   |              |  | Commodity Broke                                  | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|      |   |              |  | None of the above                                | •   |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br><i>debtor?</i>   | deadlines    | s. If you in<br>s, cash-f<br>S.C. 1116 | ndicate that you are low statement, and f(1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|      | For a definition of small   | No.          | Iam                                    | not filing under Chap                            | oter 11.  |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.        | I am<br>Code                           |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|      |   | ☐ Yes.       | I am                                   | filing under Chapter                             | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |
| Dow  | Domant if Var. Own an   | Llaura Ami   | · Hamand                               | Duamanti an Am                                   | Proposite That Nooda Immediate Attention  |  |  |  |
| Pari |   |              | nazaru                                 | ous Property or Any                              | y Property That Needs Immediate Attention   |  |  |  |
| 14.  | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?                       | ■ No. □ Yes. | What is                                | the hazard?                                      |   |  |  |  |
|      | Or do you own any property that needs immediate attention?  |              |  | diate attention is why is it needed?             |   |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |              | Where i                                | s the property?                                  | Number, Street, City, State & Zip Code  |  |  |  |
|      |   |              |  |  | Hambol, Groot, Orly, Grate & Zip Gode   |  |  |  |

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Debtor 1 Frank J Orlandino

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Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 49 Case number (if known) Frank J Orlandino Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Do you estimate that ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25.001-50.000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion □ \$0 - \$50,000 □ \$1,000,001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Frank J Orlandino Frank J Orlandino Signature of Debtor 2 Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

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Debtor 1 Frank J Orlandino Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Edwin         | L Feld                 | Date          | May 1, 2018    |  |
|-------------------|------------------------|---------------|----------------|--|
| Signature of      | Attorney for Debtor    |               | MM / DD / YYYY |  |
|                   | eld 6188070            |               |                |  |
| Printed name      |                        |               |                |  |
|                   | eld & Associates, LLC  |               |                |  |
| Firm name         |                        |               |                |  |
| 1 N LaSall        | le Street              |               |                |  |
| <b>Suite 1225</b> | 5                      |               |                |  |
| Chicago, I        | L 60602                |               |                |  |
|                   | City, State & ZIP Code |               |                |  |
| Contact phone     | 312-263-2100           | Email address |                |  |
| 6188070 II        | L                      |               |                |  |
| Bar number & S    | tate                   |               |                |  |

|   |                         |                   | <u> </u>    |  |  |  |  |
|---|-------------------------|-------------------|-------------|--|--|--|--|
| Fill in this infor                      | mation to identify your | case:             |             |  |  |  |  |
| Debtor 1                                | Frank J Orlandino       |                   |             |  |  |  |  |
|   | First Name              | Middle Name       | Last Name   |  |  |  |  |
| Debtor 2                                |                         |                   |             |  |  |  |  |
| Spouse if, filing)                      | First Name              | Middle Name       | Last Name   |  |  |  |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |  |
| Case number _                           |                         |                   |             |  |  |  |  |

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets  |              |                          |
|-----|--|--------------|--------------------------|
|     |  | Your a       | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 175,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 13,800.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 188,800.00               |
| Par | 2: Summarize Your Liabilities  |              |                          |
|     |  |              | abilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 103,824.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 76,873.00                |
|     | Your total liabilities   | \$           | 180,697.00               |
| Par | 3: Summarize Your Income and Expenses  |              |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 3,918.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 3,378.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |              |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                   | our other se | chedules.                |
| 7.  | Yes What kind of debt do you have?   |              |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a persona    | I, family, or            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,672.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim |
|--|-------|-------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

|              | Case                                     | 18-1289           | 1 Doc 1                       | _         | 05/02/18<br>ument                          | Entered 05/02/<br>Page 10 of 49                            | 18 10:16:                  | 58 De                        | sc Main  |            |
|--------------|--|-------------------|-------------------------------|-----------|--|--|----------------------------|------------------------------|--|------------|
| Fill         | in this informatio                       | n to identif      | y your case and t             | his filin | g:   |  |                            |                              |  |            |
| Deb          | otor 1 <b>F</b> ı                        | rank J Orla       | andino                        |           |  |  |                            |                              |  |            |
|              | Fir                                      | st Name           | Middle                        | e Name    |  | Last Name  |                            |                              |  |            |
|              | otor 2<br>use, if filing) Fir            | st Name           | Middl                         | e Name    |  | Last Name  |                            |                              |  |            |
|              | •  |                   |                               |           |  |  |                            |                              |  |            |
| Unit         | ed States Bankrup                        | otcy Court fo     | r the: NORTHER                | RN DIST   | RICT OF ILLIN                              | IOIS   |                            |                              |  |            |
| Cas          | e number                                 |                   |                               |           |  | -  |                            |                              | ☐ Check if this is ar amended filing                                   | 1          |
| Sc<br>n ead  |  | VB: P             | roperty escribe items. List a |           |  | asset fits in more than one<br>ng together, both are equal |                            |                              |  | -<br>1     |
| nore<br>Part | _  | •                 |                               |           |  | tional pages, write your nan                               | ne and case nu             | mber (if know                | vn). Answer every questic  | ) <b>r</b> |
| _            | No. Go to Part 2.<br>Yes. Where is the p | oroperty?         |                               |           |  |  |                            |                              |  |            |
| 1.1          |  |                   |                               | What      | is the property                            | ? Check all that apply                                     |                            |                              |  |            |
|              | 3133 Sarah St Street address, if availa  | able, or other de | escription                    | . =       | Single-family h Duplex or mult Condominium | i-unit building  | amount of a                | ny secured cla               | ims or exemptions. Put the aims on Schedule D: ns Secured by Property. |            |
|              | Franklin Park                            | IL                | 60131-0000                    |           | Manufactured of Land                       | or mobile home   | Current val<br>entire prop |                              | Current value of the portion you own?                                  |            |
|              | City                                     | State             | ZIP Code                      |           | Investment pro                             | perty  | \$17                       | 5,000.00                     | \$175,000.00   | )          |
|              |  |                   |                               |           | Timeshare Other                            |  | (such as fe                | e simple, tena               | our ownership interest<br>ancy by the entireties, or                   |            |
|              |  |                   |                               | Who       |  | in the property? Check one                                 | a lite estate              | e), if known.                |  |            |
|              | Cook                                     |                   |                               |           | Debtor 1 only<br>Debtor 2 only             |  |                            |                              |  | -          |
|              | County                                   |                   |                               |           | Debtor 1 and D                             | ebtor 2 only   |                            |                              |  |            |
|              |  |                   |                               |           |  | the debtors and another                                    |                            | if this is com<br>tructions) | munity property  |            |

Other information you wish to add about this item, such as local property identification number:

MV based upon MVA (3/21/18)

**Primary residence** 

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>

\$175,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Del         | otor 1               | Frank J Orl                                      | landino  | Document Pag   | ge 11 of 49<br>             | ımber (if known)     |  |
|-------------|----------------------|--|--|--|-----------------------------|----------------------|--|
| 3. <b>C</b> | ars, va              | ns, trucks, tra                                  | ctors, sport utility \                           | vehicles, motorcycles                                      |                             |                      |  |
|             | ] No                 |  |  |  |                             |                      |  |
|             | Yes                  |  |  |  |                             |                      |  |
| 3.1         | 1 Make<br>Mode       | Cuonal C   | Cherokee   | Who has an interest in the proper                          | tyr Check one               | the amount of any se | ed claims or exemptions. Put accured claims on Schedule D: Claims Secured by Property. |
|             | Year                 | ··· <del></del>                                  | , increased                                      | Debtor 1 only  Debtor 2 only                               |                             | Current value of the |  |
|             | Appro                | oximate mileage:                                 | 1700   | Debtor 1 and Debtor 2 only                                 |                             | entire property?     | portion you own?   |
|             |                      | r information:                                   |  | At least one of the debtors and                            | another                     |                      |  |
|             | Leas                 | sed (See Sch                                     | nedule G)  | Check if this is community p                               | roperty _                   | \$0.0                | \$0.00   |
| 5 4         | pages y              | ou have attac                                    | hed for Part 2. Write                            | wn for all of your entries from P<br>e that number here    |                             |                      | \$0.00   |
|             |                      |  | onal and Household l                             | tems<br>nterest in any of the following it                 | tems?                       |                      | Current value of the   |
|             |                      | ·  |  |  |                             |                      | portion you own? Do not deduct secured claims or exemptions.                           |
| [           | Example<br>□ No<br>□ |  |  | ns, china, kitchenware                                     |                             |                      |  |
| ı           | Yes.                 | Describe   |  |  |                             |                      |  |
|             |                      |  | Furnishings                                      |  |                             |                      | \$2,000.00   |
|             |                      |  |  |  |                             |                      |  |
|             | □ No                 | es: Televisions                                  |  | deo, stereo, and digital equipment<br>media players, games | t; computers, printers, so  | canners; music co    | ollections; electronic devices   |
|             |                      |  | 2 TVs, misc                                      |  |                             |                      | \$600.00   |
| 1           |                      |  | nd figurines; paintings<br>tions, memorabilia, c | s, prints, or other artwork; books, p<br>collectibles      | oictures, or other art obje | ects; stamp, coin,   | or baseball card collections;  |
|             | ☐ Yes.               | Describe   |  |  |                             |                      |  |
| 1           |                      | ent for sports<br>es: Sports, pho<br>musical ins | tographic, exercise,                             | and other hobby equipment; bicycl                          | les, pool tables, golf club | os, skis; canoes a   | nd kayaks; carpentry tools;  |
| I           | Yes.                 | Describe   |  |  |                             |                      |  |
|             |                      |  | 2 Lionel trains                                  |  |                             |                      | \$2,000,00   |

Official Form 106A/B Schedule A/B: Property

page 2

Case 18-12891 Doc 1 Filed 05/02/18 Entered 05/02/18 10:16:58 Desc Main Document Page 12 of 49 Case number (if known) Debtor 1 Frank J Orlandino 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$0.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$5,000.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No ■ Yes. Describe..... \$100.00 dog 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$9,700.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes..... \$100.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No

Institution name: ■ Yes.....

> **Checking- MB Financial** 17.1.

\$1.500.00

Official Form 106A/B

| D  | ebtor 1                   | Case 18-12891 Frank J Orlandino                       | Doc 1                            | Filed 05/02/18<br>Document   | Entered 05/02/18 10:16:58<br>Page 13 of 49<br>Case number (if known)                        | Desc Main                  |
|----|---------------------------|---|----------------------------------|------------------------------|---|----------------------------|
| 18 | Example No                | mutual funds, or publi<br>les: Bond funds, investm    | cly traded stocent accounts w    | ith brokerage firms, mo      | ney market accounts   |                            |
| 19 | Non-pu                    | blicly traded stock and nt venture                    |                                  |                              | orporated businesses, including an intere   | st in an LLC, partnership, |
|    | ■ No<br>□ Yes.            | Give specific information<br>Na                       | about them<br>me of entity:      |                              | % of ownership:   |                            |
| 20 | Negotia<br>Non-ne<br>■ No |   | personal check<br>those you canr | s, cashiers' checks, pro     | egotiable instruments<br>missory notes, and money orders.<br>by signing or delivering them. |                            |
| 21 | Example No —              | ent or pension accoun                                 | SA, Keogh, 401                   | l (k), 403(b), thrift savinç | gs accounts, or other pension or profit-sharing   | g plans                    |
|    | - 103. 1                  | •   | of account:                      | Institution r                |   |                            |
|    |                           |   |                                  | Pension (                    | See Schedule I)   | Unknow                     |
| 22 | Your sh                   |   | ts you have ma                   |                              | tinue service or use from a company ctric, gas, water), telecommunications compa            | anies, or others           |
|    | ■ No                      |   |                                  | Land Charles                 | and a second and the desired  |                            |
|    | ⊔ Yes                     |   |                                  | institution r                | name or individual:   |                            |
| 23 | ■ No                      |   |                                  |                              | r life or for a number of years)  |                            |
|    | ☐ Yes                     | lssuer nam  | ne and descripti                 | on.                          |   |                            |
| 24 |                           | s in an education IRA, i<br>C. §§ 530(b)(1), 529A(b), |                                  | n a qualified ABLE pro       | ogram, or under a qualified state tuition pr  | ogram.                     |
|    | ☐ Yes                     | Institution   | name and desc                    | ription. Separately file the | ne records of any interests.11 U.S.C. § 521(c   | ):                         |
| 25 | Trusts,                   | equitable or future inte                              | erests in prope                  | rty (other than anythir      | ng listed in line 1), and rights or powers ex   | ercisable for your benefit |
|    | ☐ Yes.                    | Give specific information                             | about them                       |                              |   |                            |
| 26 |                           | , copyrights, trademarles: Internet domain nam        |                                  |                              | ual property<br>and licensing agreements  |                            |
|    | _                         | Give specific information                             | about them                       |                              |   |                            |
| 27 |                           | es, franchises, and other                             |                                  |                              | n holdings, liquor licenses, professional licen   | ses                        |

■ No□ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

| Debtor             | Case 18-12891 Frank J Orlandino   | Doc 1                        | Filed 05/02/18<br>Document | Entered 05/02/18<br>Page 14 of 49 | 10:16:58 umber (if known) | Desc Main                  |
|--------------------|---|------------------------------|----------------------------|-----------------------------------|---------------------------|----------------------------|
|                    |   |                              |                            |                                   | umber (ii known)          |                            |
| 28. Tax            | refunds owed to you   |                              |                            |                                   |                           |                            |
| ■ Y                | es. Give specific information al  | bout them, in                | cluding whether you alre   | eady filed the returns and the    | tax years                 |                            |
|                    |   |                              |                            |                                   |                           |                            |
|                    |   | Тах                          | refund (2017)              |                                   |                           | \$2,500.00                 |
| Exa<br>■ N         | nily support amples: Past due or lump sum o es. Give specific information   |                              | usal support, child supp   | ort, maintenance, divorce set     | tlement, property         | settlement                 |
| Exa<br>■ N         | er amounts someone owes y<br>amples: Unpaid wages, disabili<br>benefits; unpaid loans<br>o<br>es. Give specific information     | ity insurance<br>you made to |                            | efits, sick pay, vacation pay,    | workers' comper           | nsation, Social Security   |
|                    | rests in insurance policies<br>amples: Health, disability, or life  | e insurance;                 | health savings account (   | HSA); credit, homeowner's, c      | or renter's insurar       | nce                        |
| □ Y                | es. Name the insurance compa<br>Com   | any of each p<br>pany name:  | olicy and list its value.  | Beneficiary:                      |                           | Surrender or refund value: |
| If y<br>sor<br>■ N | r interest in property that is do<br>ou are the beneficiary of a livin<br>neone has died.<br>o<br>es. Give specific information | ng trust, expe               |                            |                                   | tly entitled to rece      | eive property because      |
| Exa<br>■ N         | ims against third parties, when amples: Accidents, employmer oes. Describe each claim   | nt disputes, in              |                            |                                   | yment                     |                            |
| ■ N                | er contingent and unliquidat o es. Describe each claim  |                              | every nature, includin     | g counterclaims of the deb        | tor and rights to         | set off claims             |
| ■ N                | r financial assets you did not<br>o<br>es. Give specific information  | -                            |                            |                                   |                           |                            |
|                    | ld the dollar value of all of yor<br>r Part 4. Write that number h  |                              |                            |                                   |                           | \$4,100.00                 |
| Part 5:            | Describe Any Business-Related   | Property You                 | Own or Have an Interest In | . List any real estate in Part 1. |                           |                            |
| 37. <b>Do y</b>    | ou own or have any legal or equit   | able interest in             | n any business-related pro | perty?                            |                           |                            |
| ■ No               | . Go to Part 6.   |                              |                            |                                   |                           |                            |
| ☐ Ye               | s. Go to line 38.   |                              |                            |                                   |                           |                            |
| Part 6:            | Describe Any Farm- and Comme<br>If you own or have an interest in fa  |                              |                            | or Have an Interest In.           |                           |                            |
| 46 Do              | vou own or have any legal or  | r equitable in               | storest in any farm- or    | commercial fishing-related        | nronerty?                 |                            |

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 7.

Case 18-12891 Doc 1 Filed 05/02/18 Entered 05/02/18 10:16:58 Desc Main Document Page 15 of 49 Case number (if known) Debtor 1 Frank J Orlandino ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No ■ Yes. Give specific information....... Unknown SS Benefits (See Schedule I) 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$175,000.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$9,700.00 58. Part 4: Total financial assets, line 36 \$4,100.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$13,800.00 Copy personal property total \$13,800.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$188.800.00

Official Form 106A/B Schedule A/B: Property page 6

|                        |                          | Docume            | ent Page 16 of 49 |                                      |
|------------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor     | rmation to identify your | case:             |                   |                                      |
| Debtor 1               | Frank J Orlandin         | 0                 |                   |                                      |
|                        | First Name               | Middle Name       | Last Name         |                                      |
| Debtor 2               |                          |                   |                   |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name         |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                      |
| Case number (if known) |                          |                   |                   | ☐ Check if this is an amended filing |
| Official Fo            | orm 106C                 |                   |                   |                                      |

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E   | xempt                                |          |   |                                    |
|----|--|--------------------------------------|----------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming   | ? Check one only, eve                | en if yo | our spouse is filing with you.                                  |                                    |
|    | You are claiming state and federal nonban  | kruptcy exemptions.                  | 11 U.    | S.C. § 522(b)(3)  |                                    |
|    | ☐ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |          |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as ex                 | empt,    | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che      | eck only one box for each exemption.                            |                                    |
|    | 3133 Sarah St Franklin Park, IL 60131<br>Cook County                                   | \$175,000.00                         |          | \$15,000.00   | 735 ILCS 5/12-901                  |
|    | MV based upon MVA (3/21/18)  |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Primary residence Line from Schedule A/B: 1.1  |                                      |          |   |                                    |
|    | Furnishings Line from Schedule A/B: 6.1  | \$2,000.00                           |          | \$0.00  | 735 ILCS 5/12-1001(b)              |
|    | Ellie Helli osiliodale 702. GTT  |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 2 TVs, misc  | \$600.00                             |          | \$0.00  | 735 ILCS 5/12-1001(b)              |
|    | Line Holli Schedule A.D. 7.1   |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 2 Lionel trains Line from Schedule A/B: 9.1  | \$2,000.00                           |          | \$2,000.00  | 20 ILCS 1805/10                    |
|    | Line Holli Schedule PVD. 3.1   |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Clothing Line from Schedule A/B: 11.1  | \$0.00                               |          | 100%  | 735 ILCS 5/12-1001(a)              |
|    | Line Irom Schedule A/B: 11.1   |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 Frank J Orlandino

Case number (if known)

|    | Traini o orianano   |                                      |        |   |                                    |
|----|---|--------------------------------------|--------|---|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
|    | Jewelry Line from Schedule A/B: 12.1  | \$5,000.00                           |        | \$4,000.00  | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule AVB. 12.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Pension (See Schedule I) Line from Schedule A/B: 21.1   | Unknown                              |        | 100%  | 735 ILCS 5/12-1006                 |
|    | Line from Schedule AVD. 2111  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | SS Benefits (See Schedule I) Line from Schedule A/B: 53.1   | Unknown                              |        | 100%  | 735 ILCS 5/12-1001(g)(1)           |
|    | Line Holli Schedule PVB. 33.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property cover | 3 years after that for ca            | ases f | ,   | ,                                  |
|    | □ No  | ica by the exemption w               |        | ,210 dayo bololo you mod tino odoc                              | •                                  |
|    | ☐ Yes   |                                      |        |   |                                    |

|  | Documer  | nt Page 18                | ot 49   | _  |                          |
|--|--|---------------------------|---|--|--------------------------|
| Fill in this information to identif                                    | fy your case:  |                           |   |  |                          |
| Debtor 1 Frank J Orl   | andino  Middle Name  | Last Name                 |   |  |                          |
| Debtor 2   | wildle Name  | Last Name                 |   |  |                          |
| (Spouse if, filing) First Name   | Middle Name  | Last Name                 |   | -  |                          |
| United States Bankruptcy Court for                                     | or the: NORTHERN DISTRICT O  | OF ILLINOIS               |   | -  |                          |
| Case number  |  |                           |   | _  | if this is an            |
|  |  |                           |   | amend  | ded filing               |
| Official Form 106D   | oro Who Llovo Clair  | no Coourad                | hy Droport  | .,   | 40/45                    |
| Schedule D: Credit   | ors Who Have Clair   | ns secureu                | by Propert  | <u>y</u>                                     | 12/15                    |
|  | sible. If two married people are filing to<br>it out, number the entries, and attach     |                           |   |  |                          |
| 1. Do any creditors have claims secur                                  | red by your property?  |                           |   |  |                          |
| ☐ No. Check this box and sul   | bmit this form to the court with your  | other schedules. Yo       | ou have nothing else                                    | to report on this form.                      |                          |
| Yes. Fill in all of the inform   | ation below.   |                           | -   |  |                          |
| Part 1: List All Secured Clain   | ns   |                           |   |  |                          |
|  | has more than one secured claim, list th   | e creditor separately for | Column A  | Column B                                     | Column C                 |
|  | has a particular claim, list the other creditoral order according to the creditor's name |                           | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Chase Home Finance   | Describe the property that sec   |                           | \$89,881.00   | \$175,000.00                                 | \$0.00                   |
| Creditor's Name  | 3133 Sarah St Franklin<br>60131 Cook County<br>MV based upon MVA (3                      |                           |   |  |                          |
| 3415 Vision Drive  | Primary residence As of the date you file, the clai                                      | m is: Check all that      |   |  |                          |
| Columbus, OH 43219  Number, Street, City, State & Zip Cod              | Contingent   |                           |   |  |                          |
| Number, Street, City, State & Zip Cou                                  | de Unliquidated Disputed   |                           |   |  |                          |
| Who owes the debt? Check one.  | Nature of lien. Check all that a   | ipply.                    |   |  |                          |
| Debtor 1 only  | An agreement you made (suc   | ch as mortgage or secur   | red   |  |                          |
| Debtor 2 only  | car loan)  | n machaniala lian)        |   |  |                          |
| ☐ Debtor 1 and Debtor 2 only  At least one of the debtors and another. | ☐ Statutory lien (such as tax lie  |                           |   |  |                          |
| ☐ Check if this claim relates to a                                     | Other (including a right to offs   |                           |   |  |                          |
| community debt   |  |                           |   |  |                          |
| Date debt was incurred   | Last 4 digits of account   | number                    |   |  |                          |
| 2.2 Chrysler Capital   | Describe the property that sec   |                           | \$13,943.00   | \$0.00                                       | \$13,943.00              |
| Creditor's Name  | 2018 Jeep Grand Chero<br>miles   | kee 1700                  |   |  |                          |
|  | Leased (See Schedule   |                           |   |  |                          |
| PO Box 961275<br>Fort Worth, TX 76161                                  | As of the date you file, the clai apply.   | m is: Check all that      |   |  |                          |
| Number, Street, City, State & Zip Cod                                  | Contingent Unliquidated  |                           |   |  |                          |
|  | ☐ Disputed   |                           |   |  |                          |
| Who owes the debt? Check one.  | Nature of lien. Check all that a   |                           |   |  |                          |
| Debtor 1 only  | <ul> <li>An agreement you made (succer loan)</li> </ul>                                  | ch as mortgage or secur   | ed  |  |                          |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                           | Statutory lien (such as tax lie  | n mechanic's lion)        |   |  |                          |
| At least one of the debtors and another                                | <u> </u>   |                           |   |  |                          |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offs   |                           |   |  |                          |

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| Debtor 1  | Frank J O        | rlandino               |  | Case number (if know) |   |
|-----------|------------------|------------------------|--|-----------------------|---|
|           | First Name       | Middle Name            | Last Name                              |                       |   |
| Date debt | was incurred     | 2017                   | Last 4 digits of account number        |                       |   |
|           |                  |                        |  |                       |   |
| Add the   | dollar value of  | your entries in Column | A on this page. Write that number here | <b>\$103,824.0</b>    | 0 |
|           | the last page of |                        | lar value totals from all pages.       | \$103,824.0           | 0 |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|               |   |  | Docum  | ent Page 20 of 49   |   |
|---------------|---|--|--|---|---|
| Fill ir       | n this informat   | tion to identify your  |  |   |   |
| Debto         | or 1  | Frank J Orlanding  | )  |   |   |
| _ 0.0         | _   | First Name   | Middle Name  | Last Name   |   |
| Debto         | _   | F:   |  |   |   |
| (Spous        | se if, filing)  | First Name   | Middle Name  | Last Name   |   |
| Unite         | ed States Bankr   | ruptcy Court for the:  | NORTHERN DISTRIC   | T OF ILLINOIS   |   |
| Case          | number  |  |  |   |   |
| (if knov      |   |  |  |   | ☐ Check if this is an   |
|               |   |  |  |   | amended filing  |
| ⊃tt:∠         | oial Earm   | 106E/E   |  |   |   |
|               | cial Form   |  | lha Haya Unaas   | oured Claims  | 10/15   |
|               |   |  | ho Have Unsec  | FRIORITY claims and Part 2 for creditors with NONPRIC   | 12/15   |
|               | er (if known).  | to this page. If you have  | ·  | in a Part, do not file that Part. On the top of any addition  | nal pages, write your name and case   |
| 1. D          |   | have priority unsecured  |  |   |   |
|               | ■ No. Go to Part  | 2  | ŭ ,  |   |   |
|               | Yes.  |  |  |   |   |
| Part :        |   | f Your NONPRIORIT  | Y Unsecured Claims   |   |   |
| 3. D          | o any creditors l   | have nonpriority unsecu  | ured claims against you?   |   |   |
|               | ☐ No. You have n  | nothing to report in this pa   | art. Submit this form to the co  | ourt with your other schedules.   |   |
|               | Yes.  | 5  |  | ,   |   |
|               |   |  |  |   |   |
| <b>4. L</b> i | laim, list the credit   | tor separately for each cla  | aim. For each claim listed, ic   | der of the creditor who holds each claim. If a creditor has dentify what type of claim it is. Do not list claims already inclaive more than three nonpriority unsecured claims fill out the   | uded in Part 1. If more than one  |
| <b>4. L</b> i | laim, list the credit   | tor separately for each cla  | aim. For each claim listed, ic<br>er creditors in Part 3.lf you h  | dentify what type of claim it is. Do not list claims already incl   | uded in Part 1. If more than one Continuation Page of Part 2.                           |
| 4. Li         | laim, list the credit<br>reditor holds a par<br>AmEx<br>Nonpriority Cr  | tor separately for each claricular claim, list the othe  | aim. For each claim listed, ic<br>er creditors in Part 3.lf you h  | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the its of account number   | uded in Part 1. If more than one<br>Continuation Page of Part 2.  Total claim           |
| 4. Li         | laim, list the credit<br>reditor holds a pare<br>AmEx<br>Nonpriority Cr<br>Box 0001                           | tor separately for each claricular claim, list the other   | aim. For each claim listed, ic<br>er creditors in Part 3.lf you h  | dentify what type of claim it is. Do not list claims already incl<br>lave more than three nonpriority unsecured claims fill out the   | uded in Part 1. If more than one<br>Continuation Page of Part 2.  Total claim           |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel  | tor separately for each claricular claim, list the othe  | aim. For each claim listed, ic<br>er creditors in Part 3.lf you ha<br>Last 4 digi<br>When was  | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the its of account number   | uded in Part 1. If more than one<br>Continuation Page of Part 2.  Total claim           |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree   | tor separately for each claricular claim, list the other reditor's Name  | aim. For each claim listed, icer creditors in Part 3.lf you have creditors in Part 4 digi  When was  As of the december 2.lf with the common claim.  | dentify what type of claim it is. Do not list claims already incl ave more than three nonpriority unsecured claims fill out the its of account number the debt incurred? date you file, the claim is: Check all that apply  | uded in Part 1. If more than one<br>Continuation Page of Part 2.<br>Total claim         |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree   | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096 at City State Zlp Code d the debt? Check one.   | aim. For each claim listed, icer creditors in Part 3.lf you have creditors in Part 3.lf you have creditors in Part 4 digitors.  When was continuous continuous continuous continuous care continuous care continuous care care care care care care care care   | dentify what type of claim it is. Do not list claims already incl lave more than three nonpriority unsecured claims fill out the lits of account number s the debt incurred? date you file, the claim is: Check all that apply gent   | uded in Part 1. If more than one<br>Continuation Page of Part 2.<br>Total claim         |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree Who incurred  | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096 et City State Zlp Code d the debt? Check one.   | aim. For each claim listed, icer creditors in Part 3.lf you have creditors in Part 3.lf you have creditors in Part 4 digi  When was  As of the diministration of the diministrat | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the its of account number   the debt incurred?  date you file, the claim is: Check all that apply gent dated  | uded in Part 1. If more than one<br>Continuation Page of Part 2.<br>Total claim         |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree Who incurred Debtor 1 o                                   | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096 et City State Zlp Code d the debt? Check one.   | aim. For each claim listed, icer creditors in Part 3.lf you have creditors in Part 3.lf you have creditors in Part 3.lf you have case and case 4 digitary when was as of the company conting Unliquic Unliquic Dispute   | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the its of account number   the debt incurred?  date you file, the claim is: Check all that apply gent dated  | uded in Part 1. If more than one<br>Continuation Page of Part 2.  Total claim           |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree Who incurred Debtor 1 o                                   | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096 at City State Zlp Code de the debt? Check one.  only  | aim. For each claim listed, icer creditors in Part 3.lf you have creditors in Part 4 digitors.    Last 4 digitors when was   | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the lits of account number  s the debt incurred?  date you file, the claim is: Check all that apply gent dated  DNPRIORITY unsecured claim:   | uded in Part 1. If more than one<br>Continuation Page of Part 2.  Total claim           |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096  et City State Zlp Code d the debt? Check one.  only only and Debtor 2 only   | aim. For each claim listed, ider creditors in Part 3.lf you have creditors in Part 4 digitary.  Last 4 digitary  When was  As of the digitary conting in Unliquid in Dispute to Type of Note that it is not provided in the part of the pa | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the lits of account number  s the debt incurred?  date you file, the claim is: Check all that apply gent dated  DNPRIORITY unsecured claim:   | uded in Part 1. If more than one Continuation Page of Part 2.  Total claim  \$18,802.00 |
| 4. Li         | AmEx Nonpriority Cr Box 0001 Los Angel Number Stree Who incurred Debtor 1 o Debtor 2 o Debtor 1 a At least on | tor separately for each claricular claim, list the other reditor's Name  les, CA 90096 at City State Zlp Code at the debt? Check one.  only only and Debtor 2 only are of the debtors and anothis claim is for a comme | aim. For each claim listed, ider creditors in Part 3.lf you have creditors in Part 4 digitors.  Last 4 digitors when was a soft the displayment in Conting In Unliquid In Dispute Type of Not in Conting In Student In Cobligation in Cobligatio | dentify what type of claim it is. Do not list claims already incleave more than three nonpriority unsecured claims fill out the lits of account number  s the debt incurred?  date you file, the claim is: Check all that apply gent dated but dead  ONPRIORITY unsecured claim: t loans ions arising out of a separation agreement or divorce that you | uded in Part 1. If more than one continuation Page of Part 2.  Total claim  \$18,802.00 |

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| Debt | or 1 Frank J Oriandino   | Case number (if know)   |             |
|------|--|---|-------------|
| 4.2  | Bank of America  | Last 4 digits of account number   | \$13,664.00 |
|      | Nonpriority Creditor's Name PO Box 982238  | When was the debt incurred?   |             |
|      | El Paso, TX 79998  Number Street City State Zlp Code                                       | As of the date you file, the claim is: Check all that apply   |             |
|      | Who incurred the debt? Check one.  | ☐ Contingent  |             |
|      | ■ Debtor 1 only  | ☐ Unliquidated  |             |
|      | Debtor 2 only  | ☐ Disputed  |             |
|      | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | At least one of the debtors and another  | ☐ Student loans   |             |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|      | Yes  | Other. Specify Credit Card  |             |
| 4.3  | Cap One  | Last 4 digits of account number   | \$10,584.00 |
|      | Nonpriority Creditor's Name PO Box 30281   | When was the debt incurred?   |             |
|      | Salt Lake City, UT 84130  Number Street City State Zlp Code                                | As of the date you file, the claim is: Check all that apply   |             |
|      | Who incurred the debt? Check one.  |   |             |
|      | ■ Debtor 1 only  | Contingent  |             |
|      | Debtor 2 only  | Unliquidated  |             |
|      | ☐ Debtor 1 and Debtor 2 only   | Disputed  |             |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
|      | ☐ Check if this claim is for a community debt  |   |             |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Yes  | Other. Specify Credit Card  |             |
| 4.4  | Chase  | Last 4 digits of account number   | \$10,040.00 |
|      | Nonpriority Creditor's Name PO Box 15298   | When was the debt incurred?   |             |
|      | Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|      | <u>_</u>   | ☐ Contingent  |             |
|      | ■ Debtor 1 only  | ☐ Unliquidated  |             |
|      | Debtor 2 only  | Disputed  |             |
|      | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | At least one of the debtors and another  | ☐ Student loans   |             |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |             |
|      | Yes  | ■ Other. Specify Credit Card  |             |

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| Debtor                 | 1 Frank J Orlandino  | Case number (if know)   |                        |
|------------------------|--|---|------------------------|
| 4.5                    | Comenity Capital Bank Nonpriority Creditor's Name PO Box 182120  | Last 4 digits of account number  When was the debt incurred?  | \$3,671.00             |
|                        | Columbus, OH 43218   | when was the dept incurred:   |                        |
|                        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                        |
|                        | Who incurred the debt? Check one.  | ☐ Contingent  |                        |
|                        | Debtor 1 only  | ☐ Unliquidated  |                        |
|                        | Debtor 2 only  | Disputed  |                        |
|                        | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                        |
|                        | At least one of the debtors and another  | ☐ Student loans   |                        |
|                        | LI Check if this claim is for a community debt Is the claim subject to offset?                           | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                        |
|                        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                        |
|                        | Yes  | ■ Other. Specify Credit Card  |                        |
| 4.6                    | Discover   | Last 4 digits of account number   | \$10,764.00            |
|                        | Nonpriority Creditor's Name PO Box 15316   | When was the debt incurred?   |                        |
|                        | Wilmington, DE 19850   | When was the dest incurred:   |                        |
|                        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                        |
|                        | Who incurred the debt? Check one.  | ☐ Contingent  |                        |
|                        | Debtor 1 only  | Unliquidated  |                        |
|                        | Debtor 2 only  | ☐ Disputed  |                        |
|                        | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                        |
|                        | At least one of the debtors and another  | ☐ Student loans   |                        |
|                        | ☐ Check if this claim is for a community debt  | Obligations arising out of a separation agreement or divorce that you did not   |                        |
|                        | Is the claim subject to offset?  | report as priority claims   |                        |
|                        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                        |
|                        | Yes  | ■ Other. Specify Credit Card  |                        |
| 4.7                    | FNB Omaha  | Last 4 digits of account number   | \$9,348.00             |
|                        | Nonpriority Creditor's Name PO Box 3412  | When was the debt incurred?   |                        |
|                        | Omaha, NE 68103  |   |                        |
|                        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                        |
|                        | Who incurred the debt? Check one.  | ☐ Contingent  |                        |
|                        | Debtor 1 only  | ☐ Unliquidated  |                        |
|                        | Debtor 2 only  | ☐ Disputed  |                        |
|                        | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                        |
|                        | At least one of the debtors and another  | ☐ Student loans   |                        |
|                        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                        |
|                        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                        |
|                        | Yes  | Other. Specify Credit Card  |                        |
| Part 3:                | List Others to Be Notified About a Debt  | That You Already Listed   |                        |
| 5. Use the trying more | nis page only if you have others to be notified abou<br>to collect from you for a debt you owe to someon | ut your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a<br>te else, list the original creditor in Parts 1 or 2, then list the collection agency here. S<br>ted in Parts 1 or 2, list the additional creditors here. If you do not have additional per | Similarly, if you have |
| Part 4:                | Add the Amounts for Each Type of Uns   | ecured Claim  |                        |
|                        | the amounts of certain types of unsecured claims secured claim.  | . This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the  | amounts for each typ   |
|                        |  | Total Claim   |                        |
|                        | 6a. Domestic support obligations   | 6a. \$  |                        |

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## Debtor 1 Frank J Orlandino

| otal claims |     |   |     |                 |
|-------------|-----|---|-----|-----------------|
| rom Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|             | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|             | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|             | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|             |     |   |     | Total Claim     |
|             | 6f. | Student loans   | 6f. | \$<br>0.00      |
| tal claims  | _   |   |     |                 |
| om Part 2   | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|             | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|             | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$<br>76,873.00 |
|             | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>76,873.00 |

|                     |                          | BAAAAA            |             |                    |
|---------------------|--------------------------|-------------------|-------------|--------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                    |
| Debtor 1            | Frank J Orlandin         | 0                 |             |                    |
|                     | First Name               | Middle Name       | Last Name   |                    |
| Debtor 2            |                          |                   |             |                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                    |
| Case number         |                          |                   |             |                    |
| (if known)          |                          |                   |             | ☐ Check if this is |
|                     |                          |                   |             | amended filing     |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Chrysler Capital PO Box 961275 Fort Worth, TX 76161 Leased 2018 Jeep Grand Cherokee (See Schedule B)

|                        |  | Document  | Page 25 of 4            | 19  | •                                      |                |
|------------------------|--|---|-------------------------|---|--|----------------|
| Fill in this info      | rmation to identify your c                                 | ase:  |                         |   |  |                |
| Debtor 1               | Frank J Orlandino  |   |                         |   |  |                |
| Debtor 2               | First Name   | Middle Name   | Last Name               |   |  |                |
| (Spouse if, filing)    | First Name   | Middle Name   | Last Name               | _   |  |                |
| United States B        | Bankruptcy Court for the:                                  | NORTHERN DISTRICT OF IL   | LINOIS                  |   |  |                |
| Case number (if known) |  |   |                         |   | ☐ Check if thi amended fi              |                |
|                        | orm 106H<br>• H: Your Code                                 | ebtors  |                         |   |  | 12/15          |
| people are filing      | g together, both are equa                                  | e also liable for any debts you<br>lly responsible for supplying<br>poxes on the left. Attach the<br>Answer every question. | correct information     | n. If more space is                                   | s needed, copy the Add                 | litional Page, |
| 1. Do you l            | have any codebtors? (If yo                                 | ou are filing a joint case, do not  | t list either spouse as | a codebtor.   |  |                |
| □ No<br>■ Yes          |  |   |                         |   |  |                |
|                        |  | lived in a community propert<br>Nevada, New Mexico, Puerto R  |                         |   |  | include        |
| ■ No. Go t □ Yes. Did  |  | se, or legal equivalent live with   | you at the time?        |   |  |                |
| in line 2 ag           | gain as a codebtor only if<br>0), Schedule E/F (Official l | rs. Do not include your spou<br>that person is a guarantor o<br>Form 106E/F), or Schedule G                                 | r cosigner. Make sui    | re you have listed                                    | I the creditor on Sched                | ule D (Officia |
|                        | mn 1: Your codebtor<br>Number, Street, City, State and ZIP | Code  |                         | Column 2: The c<br>Check all schedu                   | reditor to whom you ovules that apply: | we the debt    |
| 3.1 <b>San</b> o       | dy Orlandino   |   |                         | ■ Schedule D, □ Schedule E/ □ Schedule G Chase Home F | F, line                                |                |

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| Fill               | in this information to identify your c  | ase.  |   |                    |                    |   |                         |                             |                   |
|--------------------|---|---|---|--------------------|--------------------|---|-------------------------|-----------------------------|-------------------|
|                    | btor 1 Frank J Orla   |   |   |                    |                    |   |                         |                             |                   |
|                    | btor 2<br>buse, if filing)  |   |   |                    | _                  |   |                         |                             |                   |
| Uni                | ited States Bankruptcy Court for the  | e: NORTHERN DISTRIC                                   | CT OF ILLINOIS                                  |                    |                    |   |                         |                             |                   |
|                    | se number<br>nown)  |   | -   |                    |                    | Check if this is  An amendo  A supplem  13 income | ed filing<br>ent showin | g postpetitior              |                   |
| 0                  | fficial Form 106I   |   |   |                    |                    | MM / DD/  | /YYY                    | o o                         |                   |
| S                  | chedule I: Your Inc   | ome   |   |                    |                    | , 22,   |                         |                             | 12/15             |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | are married and not fili<br>Ir spouse is not filing w | ing jointly, and your<br>rith you, do not inclu | spouse<br>de infor | is livir<br>matior | ng with you, inc<br>n about your sp               | lude infor              | mation abou<br>ore space is | t your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1  |                    |                    | Debtor  | 2 or non-fi             | ling spouse                 |                   |
|                    | If you have more than one job,  | F   | ☐ Employed                                      |                    |                    | ☐ Empl  | oyed                    |                             |                   |
|                    | attach a separate page with information about additional  | Employment status                                     | ■ Not employed                                  |                    |                    | ☐ Not e   | mployed                 |                             |                   |
|                    | employers.  Include part-time, seasonal, or   | Occupation  |   |                    |                    |   |                         |                             |                   |
|                    | self-employed work.   | Employer's name                                       |   |                    |                    |   |                         |                             |                   |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                    |   |                    |                    |   |                         |                             |                   |
|                    |   | How long employed t                                   | here?   |                    |                    |   |                         |                             |                   |
| Pa                 | rt 2: Give Details About Mo   | nthly Income  |   |                    |                    |   |                         |                             |                   |
|                    | imate monthly income as of the duse unless you are separated.   | late you file this form. If                           | you have nothing to r                           | eport for          | any lin            | ne, write \$0 in th                               | e space. In             | iclude your no              | on-filing         |
|                    | ou or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the information                          | n for all          | employ             | ers for that pers                                 | on on the I             | lines below. I              | f you need        |
|                    |   |   |   |                    | F                  | For Debtor 1                                      |                         | btor 2 or<br>ng spouse      |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.                 | \$_                | 0.00  | \$                      | N/A                         |                   |
| 3.                 | Estimate and list monthly over  | time pay.   |   | 3.                 | +\$_               | 0.00  | +\$                     | N/A                         | -                 |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.  |   | 4.                 | \$_                | 0.00  | \$                      | N/A                         |                   |

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| Deb | tor 1               | Frank J Orlandino  |                   | Case r               | number (if known)                        |                                  |                                 |             |
|-----|---------------------|--|-------------------|----------------------|--|----------------------------------|---------------------------------|-------------|
|     |                     |  |                   | For                  | Debtor 1                                 |                                  | btor 2 or                       |             |
|     | Cop                 | y line 4 here  | 4.                | \$                   | 0.00                                     | \$                               | N/A                             |             |
| 5.  | l ist               | all payroll deductions:  |                   |                      |  |                                  |                                 |             |
| 0.  | 5a.                 | Tax, Medicare, and Social Security deductions  | 5a.               | \$                   | 0.00                                     | \$                               | N/A                             |             |
|     | 5a.<br>5b.          | Mandatory contributions for retirement plans   | 5a.<br>5b.        | \$<br>               | 0.00                                     | \$                               | N/A                             | -           |
|     | 5c.                 | Voluntary contributions for retirement plans   | 5c.               | \$<br>               | 0.00                                     | \$                               | N/A                             | _           |
|     | 5d.                 | Required repayments of retirement fund loans   | 5d.               | \$—                  | 0.00                                     | \$                               | N/A                             | _           |
|     | 5e.                 | Insurance  | 5e.               | \$                   | 0.00                                     | \$                               | N/A                             | -           |
|     | 5f.                 | Domestic support obligations   | 5f.               | \$                   | 0.00                                     | \$                               | N/A                             | _           |
|     | 5g.                 | Union dues   | 5g.               | \$                   | 0.00                                     | \$                               | N/A                             | _           |
|     | 5h.                 | Other deductions. Specify:   | 5h.+              | · · · —              | 0.00                                     | ·                                | N/A                             | _           |
| 6.  |                     | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | -<br>6.           | * —<br>\$            | 0.00                                     | \$                               | N/A                             | -           |
| 7.  |                     | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$<br>               | 0.00                                     | \$                               | N/A                             | -           |
| 8.  | 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8c.<br>8d.<br>8e. | \$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>1,246.00 | \$<br>\$<br>\$<br>\$<br>\$<br>\$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>- |
|     | 8g.                 | Pension or retirement income   | 8g.               | \$                   | 2,672.00                                 | \$                               | N/A                             | _           |
|     | 8h.                 | Other monthly income. Specify:   | _ 8h.+            | \$                   | 0.00                                     | + \$                             | N/A                             |             |
| 9.  | Add                 | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$                   | 3,918.00                                 | \$                               | N/A                             | <u> </u>    |
| 10. |                     | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$            | 3                    | <b>3,918.00</b> + \$_                    | l                                | N/A = \$                        | 3,918.00    |
| 11. | Inclu<br>othe       | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:   | depen             | •                    |  |                                  | nedule J.<br>11. +\$            | 0.00        |
| 12. |                     | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaies  |                   |                      |  |                                  | 12. \$ Combin                   | 3,918.00    |
| 10  | Da :                | you expect on increase or decrease within the year often you file this format  | 2                 |                      |  |                                  |                                 | y income    |
| 13. | ַם<br>סט            | you expect an increase or decrease within the year after you file this form? No.   | f                 |                      |  |                                  |                                 |             |
|     |                     | Yes. Explain:  |                   |                      |  |                                  |                                 |             |

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| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number  | s is: ended filing lement showing postpetition chapter enses as of the following date: |
|---|--|
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number  | ended filing<br>lement showing postpetition chapter<br>enses as of the following date: |
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number  | lement showing postpetition chapter enses as of the following date:                    |
| (Spouse, if filing)  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number   | enses as of the following date:  |
| Case number   | DD / YYYY  |
|   |  |
|   |  |
| (If known)  |  |
| Official Form 106J  |  |
| Schedule J: Your Expenses   | 12/15  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally resinformation. If more space is needed, attach another sheet to this form. On the top of any additional panumber (if known). Answer every question. |  |
| Part 1: Describe Your Household  1. Is this a joint case?   |  |
| ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?  |  |
| ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for Separate Household</i> of Debtor 2.  |  |
| 2. Do you have dependents? ■ No   |  |
| Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent Dependent's relationship to Debtor 1 or Debtor 2 age  | pendent's Does dependent live with you?  |
| Do not state the  | □No  |
| dependents names.   | Yes  |
|   | □ No<br>□ Yes  |
|   | ☐ res  |
|   | □ Yes  |
|   | □ No   |
|   |  |
| 3. Do your expenses include expenses of people other than   |  |
| yourself and your dependents?   |  |
| Part 2: Estimate Your Ongoing Monthly Expenses  |  |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplemental schedule J, check the box applicable date.  | ent in a Chapter 13 case to report at the top of the form and fill in the              |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)   | Your expenses  |
|   |  |
| <ol> <li>The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</li> </ol>   | 1,680.00   |
| If not included in line 4:  |  |
| 4a. Real estate taxes 4a. \$  | 0.00   |
| 4b. Property, homeowner's, or renter's insurance 4b. \$   | 0.00   |
| 4c. Home maintenance, repair, and upkeep expenses  4c. \$   | 10.00  |
| 4d. Homeowner's association or condominium dues  4d. \$  5. Additional mortgage payments for your residence, such as home equity loans  5. \$   | 0.00   |

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| Deb      | otor 1 | Frank J O      | rlandino   | Case num                          | nber (if known) |                            |
|----------|--------|----------------|--|-----------------------------------|-----------------|----------------------------|
| 6.       | Utilit | ioe.           |  |                                   |                 |                            |
| 0.       | 6a.    |                | neat, natural gas  | 6a.                               | \$              | 110.00                     |
|          | 6b.    | •              | er, garbage collection   | 6b.                               | · <u> </u>      | 25.00                      |
|          | 6c.    | •              | cell phone, Internet, satellite, and cable services  | 6c.                               |                 | 190.00                     |
|          | 6d.    |                | cify: Landscaping  | 6d.                               | · -             | 50.00                      |
| 7.       |        |                | keeping supplies   |                                   | ·               | 275.00                     |
| 7.<br>8. |        |                | nildren's education costs  | 8.                                | · <u> </u>      | 0.00                       |
| 9.       |        |                | y, and dry cleaning  | 9.                                | · <u> </u>      | 35.00                      |
|          |        |                | oducts and services  | 10.                               |                 | <u></u>                    |
| 11.      |        | •              | tal expenses   | 11.                               | · -             |                            |
|          |        |                | nclude gas, maintenance, bus or train fare.  | 11.                               | Ψ               | 265.00                     |
| 12.      |        | ot include car |  | 12.                               | \$              | 160.00                     |
| 13.      |        |                | lubs, recreation, newspapers, magazines, and books   | 13.                               | \$              | 3.00                       |
|          |        |                | butions and religious donations  | 14.                               | ·               | 0.00                       |
|          | Insur  |                |  |                                   | ·               | 0.00                       |
|          |        |                | surance deducted from your pay or included in lines 4 or 20  | ).                                |                 |                            |
|          |        | Life insuran   | , , ,  | 15a.                              | \$              | 0.00                       |
|          | 15b.   | Health insu    | rance  | 15b.                              | \$              | 0.00                       |
|          | 15c.   | Vehicle insu   | urance   | 15c.                              | \$              | 120.00                     |
|          | 15d.   | Other insura   | ance. Specify:   | 15d.                              |                 | 0.00                       |
| 16.      |        |                | lude taxes deducted from your pay or included in lines 4 o   |                                   | -               |                            |
|          | Spec   |                |  | 16.                               | \$              | 0.00                       |
| 17.      |        |                | ase payments:  |                                   |                 |                            |
|          |        |                | nts for Vehicle 1  | 17a.                              | \$              | 400.00                     |
|          |        |                | nts for Vehicle 2  | 17b.                              | \$              | 0.00                       |
|          |        | Other. Spec    |  | 17c.                              |                 | 0.00                       |
|          |        | Other. Spec    | •  | 17d.                              | \$              | 0.00                       |
| 18.      |        |                | of alimony, maintenance, and support that you did not  |                                   | Φ.              | 0.00                       |
| 40       |        |                | our pay on line 5, Schedule I, Your Income (Official Fo  | rm 106I). <sup>18.</sup>          | · <u> </u>      |                            |
| 19.      |        |                | you make to support others who do not live with you.   |                                   | \$              | 0.00                       |
| 00       | Spec   |                | who are a sectional and the Board Are English Community  | 19.                               |                 |                            |
| 20.      |        |                | rty expenses not included in lines 4 or 5 of this form o<br>on other property  | r on <i>Scneaule I: Y</i><br>20a. |                 | 0.00                       |
|          |        |                |  | 20a.<br>20b.                      | · ·             | 0.00                       |
|          |        | Real estate    |  |                                   | ·               | 0.00                       |
|          |        |                | omeowner's, or renter's insurance  | 20c.                              | · <u> </u>      | 0.00                       |
|          |        |                | e, repair, and upkeep expenses   | 20d.                              | ·               | 0.00                       |
| ٠.       |        |                | r's association or condominium dues  | 20e.                              | · .             | 0.00                       |
| 21.      | Othe   | r: Specify:    |  | 21.                               | +\$             | 0.00                       |
| 22.      | Calc   | ulate your m   | onthly expenses  |                                   |                 |                            |
|          |        | Add lines 4 th | • •  |                                   | \$              | 3,378.00                   |
|          | 22b.   | Copy line 22   | (monthly expenses for Debtor 2), if any, from Official Forn  | n 106J-2                          | \$              |                            |
|          |        |                | and 22b. The result is your monthly expenses.  |                                   | \$              | 3,378.00                   |
|          | 220.   | Add line ZZa   | and 22b. The result is your monthly expenses.  |                                   | Ψ               | 3,370.00                   |
| 23.      |        | •              | onthly net income.   |                                   |                 |                            |
|          | 23a.   | Copy line 12   | 2 (your combined monthly income) from Schedule I.  | 23a.                              | \$              | 3,918.00                   |
|          | 23b.   | Copy your r    | monthly expenses from line 22c above.  | 23b.                              | -\$             | 3,378.00                   |
|          | 00-    | 0              | from the latest the latest terms and the latest terms are the latest terms and the latest terms are the latest ter |                                   |                 |                            |
|          | 23c.   |                | ur monthly expenses from your monthly income.  | 23c.                              | \$              | 540.00                     |
|          |        | THE TESUIT IS  | s your monthly net income.   | 200.                              |                 |                            |
| 24.      | Do v   | ou expect ar   | n increase or decrease in your expenses within the year  | r after you file this             | s form?         |                            |
|          | For ex | kample, do you | expect to finish paying for your car loan within the year or do you ex   |                                   |                 | e or decrease because of a |
|          |        |                | rms of your mortgage?  |                                   |                 |                            |
|          | ■ No   | 0.             |  |                                   |                 |                            |
|          | □ Ye   | es.            | Explain here:  |                                   |                 |                            |

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| Fill in this infor  | mation to identify your                           | casa:                    |                          |                            |  |
|---------------------|---|--------------------------|--------------------------|----------------------------|--|
|                     |   |                          |                          |                            |  |
| Debtor 1            | Frank J Orlandine                                 | Middle Name              | Last Name                |                            |  |
| Debtor 2            |   |                          |                          |                            |  |
| (Spouse if, filing) | First Name  | Middle Name              | Last Name                |                            |  |
| United States Ba    | ankruptcy Court for the:                          | NORTHERN DISTRICT        | OF ILLINOIS              |                            |  |
| Case number         |   |                          |                          |                            |  |
| (if known)          |   |                          |                          |                            | ☐ Check if this is an amended filing                               |
| Official Forr       | n 106Dec  |                          |                          |                            |  |
| Declarat            | ion About a                                       | n Individual             | Debtor's So              | hedules                    | 12/15  |
| ·                   | 8 U.S.C. §§ 152, 1341, 1                          | 1013, and 3371.          |                          |                            |  |
|                     |   | one who is NOT an attor  | ney to help you fill out | bankruptcy forms?          |  |
| ■ No                |   |                          |                          |                            |  |
| ☐ Yes. I            | Name of person                                    |                          |                          |                            | tcy Petition Preparer's Notice,<br>d Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>e true and correct. | that I have read the sum | nmary and schedules fil  | ed with this declaration a | nd   |
| X /s/ Fra           | nk J Orlandino                                    |                          | X                        |                            |  |
| Frank               | J Orlandino<br>re of Debtor 1                     |                          | Signature o              | f Debtor 2                 |  |
| Date                | May 1, 2018                                       |                          | Date                     |                            |  |

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| Filli          | n this info            | rmation to identify you                         | r case:                        |                                    |                                |                                    |
|----------------|------------------------|---|--------------------------------|------------------------------------|--------------------------------|------------------------------------|
| Debt           | or 1                   | Frank J Orlandir                                |                                |                                    |                                |                                    |
| Dobt           | or 0                   | First Name                                      | Middle Name                    | Last Name                          |                                |                                    |
| Debt<br>(Spous | or ∠<br>se if, filing) | First Name                                      | Middle Name                    | Last Name                          |                                |                                    |
| Unite          | ed States B            | ankruptcy Court for the:                        | NORTHERN DISTRICT              | OF ILLINOIS                        |                                |                                    |
| Case           | number                 |   |                                |                                    |                                |                                    |
| (if know       | -                      |   |                                |                                    |                                | Check if this is an                |
|                |                        |   |                                |                                    | a                              | mended filing                      |
|                |                        |   |                                |                                    |                                |                                    |
|                |                        | orm 107   |                                |                                    | _                              |                                    |
| Sta            | temen                  | t of Financial <i>I</i>                         | Affairs for Individ            | duals Filing for B                 | ankruptcy                      | 4/16                               |
|                |                        |   |                                |                                    | e equally responsible for su   |                                    |
|                |                        | more space is needed,<br>vn). Answer every ques |                                | this form. On the top of ar        | ny additional pages, write yo  | ur name and case                   |
| Part           | 1 Give                 | Details About Your Ma                           | rital Status and Where You     | ı Lived Refore                     |                                |                                    |
|                |                        |   |                                | a Livea Belole                     |                                |                                    |
| 1. \           | What is you            | ur current marital statu                        | is?                            |                                    |                                |                                    |
| ı              | Marrie                 | d   |                                |                                    |                                |                                    |
| [              | ☐ Not ma               | arried  |                                |                                    |                                |                                    |
| 2. [           | During the             | last 3 years, have you                          | lived anywhere other than      | where you live now?                |                                |                                    |
|                | <b>-</b>               |   |                                |                                    |                                |                                    |
| '              | ■ No<br>□ Yes Li       | ist all of the places you l                     | ived in the last 3 years. Do n | not include where you live no      | W                              |                                    |
|                |                        | , ,   | ·                              |                                    |                                |                                    |
|                | Debtor 1 P             | Prior Address:                                  | Dates Debtor 1<br>lived there  | Debtor 2 Prior Ac                  | ldress:                        | Dates Debtor 2<br>lived there      |
| 2 1            | Nithin tha             | last 9 years, did you o                         | var liva with a analyse or la  | gal aquivalent in a commu          | nity property state or territo |                                    |
|                |                        |   |                                |                                    | Rico, Texas, Washington and \  |                                    |
|                | No.                    |   |                                |                                    |                                |                                    |
|                | ■ No<br>□ Yes.M        | lake sure vou fill out <i>Scl</i>               | nedule H: Your Codebtors (C    | Official Form 106H).               |                                |                                    |
|                |                        | iano sare y sa im sar se.                       |                                |                                    |                                |                                    |
| Part           | 2 Expla                | ain the Sources of You                          | r Income                       |                                    |                                |                                    |
| 4. [           | Did vou ha             | ve anv income from en                           | nplovment or from operation    | ng a business during this v        | ear or the two previous cale   | endar vears?                       |
| F              | Fill in the to         | tal amount of income yo                         | u received from all jobs and   | all businesses, including par      | t-time activities.             | •                                  |
| ľ              | f you are fil          | ing a joint case and you                        | have income that you receive   | ve together, list it only once u   | nder Debtor 1.                 |                                    |
| ı              | No                     |   |                                |                                    |                                |                                    |
| [              | ☐ Yes. F               | ill in the details.                             |                                |                                    |                                |                                    |
|                |                        |   | Debtor 1                       |                                    | Debtor 2                       |                                    |
|                |                        |   | Sources of income              | Gross income                       | Sources of income              | Gross income                       |
|                |                        |   | Check all that apply.          | (before deductions and exclusions) | Check all that apply.          | (before deductions and exclusions) |
|                |                        |   |                                |                                    |                                |                                    |

Case 18-12891 Doc 1 Filed 05/02/18 Entered 05/02/18 10:16:58 Desc Main Page 32 of 49 Document Case number (if known) Debtor 1 Frank J Orlandino Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Pension & SS \$16,000.00 the date you filed for bankruptcy: **Benefits** For last calendar year: Pension & SS \$48,500.00 (January 1 to December 31, 2017) **Benefits** For the calendar year before that: \$48,000,00 Pension & SS (January 1 to December 31, 2016) **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to

an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Nο

☐ Yes. List all payments to an insider.

**Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid

Debtor 1 Frank J Orlandino Document Page 33 of 49 Case number (if known)

| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  |                            | ments or transfer a  | ny property o        | n account of a d      | ebt that benefited an        |
|-----|---|----------------------------|----------------------|----------------------|-----------------------|------------------------------|
|     | ■ No □ Yes. List all payments to an insider   |                            |                      |                      |                       |                              |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe |                       | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures        |                      |                      |                       |                              |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes. |                            |                      |                      |                       |                              |
|     | ■ No □ Yes. Fill in the details.  |                            |                      |                      |                       |                              |
|     | Case title Case number  | Nature of the case         | Court or agency      |                      | Status of th          | ne case                      |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below   |                            | erty repossessed, fo | oreclosed, gar       | nished, attache       | d, seized, or levied?        |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>  |                            |                      |                      |                       |                              |
|     | Creditor Name and Address   | Describe the Property      |                      | Da                   | te                    | Value of the property        |
|     |   | Explain what happened      | d                    |                      |                       | 1 11 3                       |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No  ■ Yes. Fill in the details.                  |                            | luding a bank or fin | ancial institut      | tion, set off any     | amounts from your            |
|     | Creditor Name and Address   | Describe the action the    | creditor took        |                      | te action was         | Amount                       |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a  |                            | erty in the possessi | on of an assig       | nee for the ben       | efit of creditors, a         |
|     | ■ No □ Yes  |                            |                      |                      |                       |                              |
| Day |   |                            |                      |                      |                       |                              |
|     | t 5: List Certain Gifts and Contributions   |                            |                      |                      |                       |                              |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  | tcy, did you give any gift | s with a total value | of more than         | \$600 per person      | ?                            |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  | Describe the gifts         |                      | Da                   | ites you gave         | Value                        |
|     | per person  |                            |                      | the                  | e gifts               |                              |
|     | Person to Whom You Gave the Gift and Address:   |                            |                      |                      |                       |                              |
| 14. | Within 2 years before you filed for bankrup  No   |                            | s or contributions v | vith a total val     | ue of more than       | \$600 to any charity?        |
|     | Yes. Fill in the details for each gift or con   |                            |                      |                      | 4                     | V-1                          |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)          | Describe what you          | i contributed        |                      | ites you<br>ntributed | Value                        |

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Case number (if known) Debtor 1 Frank J Orlandino

|      | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | Describe what you contributed   | Dates you contributed  | Value                     |
|------|---|---|--|---------------------------|
|      | Northwestern University<br>619 Clark St<br>Room #110<br>Evanston, IL 60208  | Monies  | prior 2 yrs  | \$2,400.00                |
| Part | 6: List Certain Losses  |   |  |                           |
|      | Within 1 year before you filed for bankruptcy disaster, or gambling?  | or since you filed for bankruptcy, did  | you lose anything because of the                                     | eft, fire, other          |
|      | ■ No □ Yes. Fill in the details.  |   |  |                           |
|      | how the loss occurred Inclipen  | cribe any insurance coverage for the ude the amount that insurance has paid ding insurance claims on line 33 of Schoorty. | . List loss  | Value of property<br>lost |
| Part | 7: List Certain Payments or Transfers   |   |  |                           |
|      | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prep Include any attorneys, bankruptcy petition prepa  No Yes, Fill in the details.   | aring a bankruptcy petition?  | ,                              | , , ,                     |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any pro transferred  | perty Date payment or transfer was made                              | Amount of payment         |
|      | Edwin L Feld & Associates, LLC<br>1 N LaSalle Street<br>Suite 1225<br>Chicago, IL 60602   | Attorney Fees Totla \$4000.00 paid prepetition  | ; \$400.00 4/22/18   | \$400.00                  |
|      | Within 1 year before you filed for bankruptcy<br>promised to help you deal with your creditor<br>Do not include any payment or transfer that you  | s or to make payments to your credite   |  | erty to anyone who        |
|      | ■ No □ Yes. Fill in the details.  |   |  |                           |
|      | Person Who Was Paid<br>Address  | Description and value of any pro transferred  | perty Date payment<br>or transfer was<br>made                        | Amount of payment         |
|      | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers mainclude gifts and transfers that you have already  No Yes. Fill in the details. | siness or financial affairs?<br>de as security (such as the granting of a   |  |                           |
|      | Person Who Received Transfer Address  Person's relationship to you  | Description and value of property transferred   | Describe any property or payments received or debts paid in exchange | Date transfer was made    |

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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1 Frank J Orlandino

|     | belleticiary: (These are offer called asset-prote  | cuon devices.)  |                        |             |  |   |  |  |
|-----|--|---|------------------------|-------------|--|---|--|--|
|     | No   |   |                        |             |  |   |  |  |
|     | Yes. Fill in the details.  |   |                        |             |  |   |  |  |
|     | Name of trust  | Description and   | value of the pro       | perty trans | sferred  | Date Transfer was made                        |  |  |
| Pai | t 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposi   | it Boxes, and S        | torage Uni  | ts   |   |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?  | •   |                        |             |  |   |  |  |
|     | Include checking, savings, money market, or houses, pension funds, cooperatives, associa  No  Yes. Fill in the details.                      |   |                        | •           | it; shares in banks, credi                           | t unions, brokerage                           |  |  |
|     |  | ast 4 digits of ccount number                                 | Type of accoinstrument | unt or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed fo  | r bankruptcy, a        | ny safe de  | posit box or other deposi                            | tory for securities,                          |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                        |             |  |   |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                        | Describe    | the contents   | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?                      |   |                        |             |  |   |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                        |             |  |   |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or to it? Address (Number, State and ZIP Code)   |                        | Describe    | the contents   | Do you still have it?                         |  |  |
| Pai | t 9: Identify Property You Hold or Control fo  | r Someone Else  |                        |             |  |   |  |  |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Incl  | ude any propei         | rty you bor | rowed from, are storing f                            | or, or hold in trust                          |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                        |             |  |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)        |                        | Describe    | the property   | Value   |  |  |
| Pai | t 10: Give Details About Environmental Inform  | mation  |                        |             |  |   |  |  |
| For | the purpose of Part 10, the following definition   | s apply:  |                        |             |  |   |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surfac                                       | e water, groun         |             |  |   |  |  |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispose   | s defined under any   |                        | law, wheth  | ner you now own, operate                             | , or utilize it or used                       |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o   |   | as a hazardous         | s waste, ha | azardous substance, toxid                            | substance,                                    |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| 24.  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |  |
|--|--|--|--|--------------------|--|--|--|--|
|  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |
|  | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)             | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |
| 25.  | Have you notified any governmental unit of any   | release of hazardous material?   |  |                    |  |  |  |  |
|  | Yes. Fill in the details.  |  |  |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |
| 26.  | Have you been a party in any judicial or administ  | trative proceeding under any env   | ironmental law? Include settlements a                              | nd orders.         |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |
|  | Case Title Case Number   | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Nature of the case   | Status of the case |  |  |  |  |
| Par  | t 11: Give Details About Your Business or Conr   | nections to Any Business   |  |                    |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, d  | lid you own a business or have ar  | ny of the following connections to any                             | business?          |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a tr   | rade, profession, or other activity  | , either full-time or part-time                                    |                    |  |  |  |  |
|  | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh   | nip (LLP)  |                    |  |  |  |  |
|  | ☐ A partner in a partnership   | ☐ A partner in a partnership   |  |                    |  |  |  |  |
|  | ☐ An officer, director, or managing executi  | ive of a corporation   |  |                    |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting or   | equity securities of a corporation   |  |                    |  |  |  |  |
|  | ■ No. None of the above applies. Go to Part 1  | 12.  |  |                    |  |  |  |  |
|  | ☐ Yes. Check all that apply above and fill in th   | ne details below for each busines  | S.   |                    |  |  |  |  |
|  | Address  | scribe the nature of the business ne of accountant or bookkeeper                 | Employer Identification number<br>Do not include Social Security n | umber or ITIN.     |  |  |  |  |
|  | Num  | ne of accountant of bookkeeper   | Dates business existed   |                    |  |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include institutions, creditors, or other parties. |  |  |  |                    |  |  |  |  |
|  | ■ No   |  |  |                    |  |  |  |  |
|  | ☐ Yes. Fill in the details below.  |  |  |                    |  |  |  |  |
|  | Name Address (Number, Street, City, State and ZIP Code)  | e Issued   |  |                    |  |  |  |  |

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

1/s/ Frank J Orlandino

Frank J Orlandino

Frank J Orlandino

Signature of Debtor 1

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Date

■ No

Date May 1, 2018

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

# This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

# (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

# A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Monies paid for prepetition services needed to limit the financial burden of the firm.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$400.00

toward the flat fee, leaving a balance due of \$3,600.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>May 1, 2018</u>                | as appear in court to object. |  |
|---|-------------------------------|--|
| Signed:                                 |                               |  |
| /s/ Frank J Orlandino                   | /s/ Edwin L Feld              |  |
| Frank J Orlandino                       | Edwin L Feld 6188070          |  |
|   | Attorney for the Debtor(s)    |  |
| Debtor(s)                               |                               |  |
| Do not sign this agreement if the amoun | nts are blank.                |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In re          | Frank J Orlandino  |                                       | Case No.             |                          |             |
|----------------|--|---------------------------------------|----------------------|--------------------------|-------------|
|                |  | Debtor(s)                             | Chapter              | 13                       |             |
|                | DISCLOSURE OF COMPE  | ENSATION OF ATTOR                     | RNEY FOR D           | EBTOR(S)                 |             |
|                | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy,     | or agreed to be paid | to me, for services rend | lered or to |
|                |  |                                       |                      | 4,000.00                 |             |
|                | Prior to the filing of this statement I have received  |                                       | \$                   | 400.00                   |             |
|                | Balance Due  |                                       | \$                   | 3,600.00                 |             |
| 2.             | The source of the compensation paid to me was:   |                                       |                      |                          |             |
|                | ■ Debtor □ Other (specify):  |                                       |                      |                          |             |
| 3. ′           | The source of compensation to be paid to me is:  |                                       |                      |                          |             |
|                | ■ Debtor □ Other (specify):  |                                       |                      |                          |             |
| 4.             | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                                       |                      |                          |             |
|                | ☐ I have agreed to share the above-disclosed compensor copy of the agreement, together with a list of the na   |                                       |                      |                          | firm. A     |
| 5.             | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |                                       |                      |                          |             |
| 1              | <ul><li>a. Analysis of the debtor's financial situation, and rend</li><li>b. Preparation and filing of any petition, schedules, sta</li><li>c. Representation of the debtor at the meeting of credit</li><li>d. [Other provisions as needed]</li></ul> | tement of affairs and plan which      | may be required;     | •                        | ptcy;       |
| <b>6.</b>      | By agreement with the debtor(s), the above-disclosed for   | ee does not include the following     | service:             |                          |             |
|                |  | CERTIFICATION                         |                      |                          |             |
|                | I certify that the foregoing is a complete statement of an pankruptcy proceeding.  | ny agreement or arrangement for       | payment to me for r  | epresentation of the deb | tor(s) in   |
| N              | lay 1, 2018  | /s/ Edwin L Feld                      |                      |                          |             |
| $\overline{D}$ | Date   | Edwin L Feld 618 Signature of Attorne |                      |                          |             |
|                |  | Edwin L Feld & Associates, LLC        |                      |                          |             |
|                |  | 1 N LaSalle Stree<br>Suite 1225       | t                    |                          |             |
|                |  | Chicago, IL 60602                     | 2                    |                          |             |
|                |  | 312-263-2100 Fa                       |                      |                          |             |
|                |  | Name of law firm                      |                      |                          |             |

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Comenity Capital Bank PO Box 182120 Columbus, OH 43218

Discover PO Box 15316 Wilmington, DE 19850

FNB Omaha PO Box 3412 Omaha, NE 68103